

**TOWN OF EASTON
PARKING PERMIT APPLICATION**

FOR OFFICE USE ONLY

ISSUED _____
EXPIRES _____
PERMIT # _____
HANG TAGS _____

VEHICLE INFORMATION

TAG# _____ STATE _____ COLOR _____ YEAR _____

MAKE _____ MODEL _____

VEHICLE OWNER INFORMATION

OWNER (Last, First): _____

HOME ADDRESS: _____

PLEASE INCLUDE **BUSINESS NAME** AND **P.O. BOX** IF APPLICABLE

WORK ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

PERMIT INFORMATION

TYPE OF PERMIT CURRENTLY HELD: ☐ RESIDENTIAL ZONE 1 ☐ RESIDENTIAL ZONE 2

☐ RESIDENTIAL ZONE 3

☐ OFF-STREET ANNUAL ☐ OFF-STREET HALF-YEAR

TYPE OF PERMIT APPLYING FOR: ☐ RESIDENTIAL ZONE 1 ☐ RESIDENTIAL ZONE 2

☐ RESIDENTIAL ZONE 3

☐ OFF-STREET ANNUAL ☐ OFF-STREET HALF-YEAR

THE TOWN OF EASTON IS NOT RESPONSIBLE FOR LOST OR STOLEN STICKERS
A REPLACEMENT FEE WILL BE CHARGED

SIGNATURE OF VEHICLE OWNER

DATE